

**TRAFFIC VIOLATOR SCHOOL  
BRANCH BUSINESS OFFICE/CLASSROOM  
APPLICATION**

DELETE

DMV USE ONLY	
TVS NUMBER	DATE APPLICATION RECEIVED
ACR NUMBER	DATE PERMIT ISSUED
ORIGINAL APPLICATION FEE	DATE PERMIT EXPIRES
FINGERPRINT FEE	REGION CC
OTHER FEE	TOTAL FEE
INSPECTOR NAME	INSPECTOR ID NUMBER
SUSPENSE RECEIPT NUMBER	

**SECTION A — TYPE OF EDUCATION PROGRAM OFFERED** *Attach course approval letter.*

- ☐ Classroom English
 ☐ Internet  
☐ Classroom Foreign Language (type) \_\_\_\_\_
 ☐ Home Study (paper/electronic)

**SECTION B — BRANCH OFFICE OR CLASSROOM**

SCHOOL NAME			LICENSE NUMBER <b>TVS</b>	
BUSINESS ADDRESS	CITY	COUNTY	STATE	ZIP CODE
CLASSROOM ADDRESS	CITY	COUNTY	STATE	ZIP CODE
BRANCH BUSINESS OFFICE ADDRESS	CITY	COUNTY	STATE	ZIP CODE

**NOTE:** Indicate classroom or branch office telephone number used for this location. This telephone number must be a current, operative number at the time of application. **Classes shall not be offered until official approval is received from Occupational Licensing.**

CLASSROOM OR BRANCH OFFICE TELEPHONE NUMBER ( )
PROPOSED STARTING DATE FOR CLASSES AT THIS LOCATION

**SECTION C — PROPERTY USE APPROVAL** *Must be completed by applicant.*

Does location meet all city and county property use requirements? ..... ☐ Yes ☐ No  
If yes, attach form OL 140, completed by an official of the agency responsible for this location.

**SECTION D — PROPERTY DATA**

Attach a copy of the lease or rental agreement or evidence of property ownership. If property is subleased, also include a written authorization to sublease from the property owner.

<b>PROPERTY IS: (Check one box.)</b>		<b>APPROXIMATE SQUARE FEET</b>		
<input type="checkbox"/> Leased	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned	Office Area	Classroom Area
LEASE OR RENTAL PERIOD				
PROPERTY OWNER'S FULL NAME			AREA CODE/TELEPHONE NUMBER ( )	
PROPERTY OWNER'S ADDRESS			CITY	STATE ZIP CODE

**SECTION E — APPLICANT ACKNOWLEDGEMENT**

**All "No" answers must be explained on reverse.** YES NO

- Is the classroom used exclusively for teaching traffic violators and is it free from distractions during classroom hours? ..... ☐ YES ☐ NO
- Is the lighting adequate? ..... ☐ YES ☐ NO



**SECTION E — APPLICANT ACKNOWLEDGEMENT (Continued)**

YES NO

3. Describe the seating and writing facilities: \_\_\_\_\_
4. Approximate square footage of classroom. Width: \_\_\_\_\_ ft. X Length: \_\_\_\_\_ ft. = \_\_\_\_\_ sq. ft.
5. The maximum occupancy permitted by local authorities when the facility is used for a classroom is \_\_\_\_\_.  
Attach any evidence or documentation available which will confirm the maximum occupancy established by local authorities.
6. The maximum seating capacity is \_\_\_\_\_.
7. Is the facility more than 500 feet from a court? ..... ☐ ☐
8. Is the classroom accessible to **students with disabilities**? ..... ☐ ☐
9. Are sanitary and properly maintained restroom facilities readily accessible to students with disabilities? ..... ☐ ☐
10. Is parking or public transit readily accessible to students with disabilities? ..... ☐ ☐
11. Is alcohol consumption or advertising prohibited on premises where classroom is located? ..... ☐ ☐

**NOTE:** ~~Per California Code of Regulations, Section 345.40, a schedule must be on file with the department before the classroom may be used.~~

I have checked for compliance with safety regulations and the location meets all requirements of state law and local ordinances.

**SECTION F — CERTIFICATION**

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

PRINTED NAME OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ADMINISTRATOR		TITLE
SIGNATURE OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ADMINISTRATOR <b>X</b>		DATE
PRINTED NAME OF INSPECTOR	INSPECTOR NUMBER	DATE
INSPECTOR SIGNATURE <b>X</b>		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Attach OL 703



ADOPT

**TRAFFIC VIOLATOR SCHOOL  
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 APPLICATION**

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**SECTION A — TYPE OF EDUCATION PROGRAM OFFERED**

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 ☐ Internet  
☐ Classroom Foreign Language (type) \_\_\_\_\_
 ☐ Home Study (paper/electronic)

**SECTION B — BRANCH OFFICE OR CLASSROOM**

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CLASSROOM ADDRESS	CITY	COUNTY	STATE	ZIP CODE
BRANCH BUSINESS OFFICE ADDRESS	CITY	COUNTY	STATE	ZIP CODE

**NOTE:** Indicate classroom or branch office telephone number used for this location. This telephone number must be a current, operative number at the time of application. Use of a requested classroom for instruction shall not begin until approval from DMV is received. (CCRS 345.74)

CLASSROOM OR BRANCH OFFICE TELEPHONE NUMBER ( )
PROPOSED STARTING DATE FOR CLASSES AT THIS LOCATION

**SECTION C — PROPERTY USE APPROVAL** *Must be completed by applicant.*

Does location meet all city and county property use requirements? ..... ☐ Yes ☐ No  
 If yes, attach form OL 140, completed by an official of the agency responsible for this location.

**SECTION D — PROPERTY DATA**

Attach a copy of the lease or rental agreement or evidence of property ownership. If property is subleased, also include a written authorization to sublease from the property owner.

PROPERTY IS: (Check one box.)		APPROXIMATE SQUARE FEET		
<input type="checkbox"/> Leased	<input type="checkbox"/> Rented	<input type="checkbox"/> Owned	Office Area	Classroom Area
LEASE OR RENTAL PERIOD				Total Area
PROPERTY OWNER'S FULL NAME			AREA CODE/TELEPHONE NUMBER ( )	
PROPERTY OWNER'S ADDRESS			CITY	STATE ZIP CODE

**SECTION E — APPLICANT ACKNOWLEDGEMENT**

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- Is the lighting adequate? ..... ☐ YES ☐ NO



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YES NO

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6. The maximum seating capacity is \_\_\_\_\_.

7. Is the facility more than 500 feet from a court? ..... ☐ ☐8. Is the classroom accessible to **students with disabilities**? ..... ☐ ☐9. Are sanitary and properly maintained restroom facilities readily accessible to students with disabilities? ..... ☐ ☐10. Is parking or public transit readily accessible to students with disabilities? ..... ☐ ☐11. Is alcohol consumption or advertising prohibited on premises where classroom is located? ..... ☐ ☐

I have checked for compliance with safety regulations and the location meets all requirements of state law and local ordinances.

**SECTION F — CERTIFICATION*****I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

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SIGNATURE OF SOLE OWNER, ALL PARTNERS, CORPORATE OFFICER, LLC MEMBER, OR ADMINISTRATOR <b>X</b>		DATE
PRINTED NAME OF INSPECTOR	INSPECTOR NUMBER	DATE
INSPECTOR SIGNATURE <b>X</b>		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Attach OL 703